

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/927510**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	5					
TOTAL CLAIMS	6					

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.						
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